

Purchase Voucher



Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01220546

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK,TX 786802050

USAS Doc Number:
TCode : AP-225-STD
Origin : ONL
Payee ID/Check/Mail : 1742757919/2/000

Freight Amount:	\$0.00
Gross Amount (includes Frt.):	\$15,869.93
Discount Amt Taken:	\$0.00
Payment Amount:	\$15,869.93

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000100178	0		529-16-0102-00053 MAR	529-16-0102-00053 MAR (FY17 - Contract 529-16-0102-00)	\$15,869.93
ShipTo ID	Non-HHSAS Chntrct ID					
1326						
Contract #	Wkfc	Org PmtDt	IC	RC	Invoice DT: 05/18/17 Inv Recv'd DT: 05/18/17 Service DT: 03/31/17	Req'd Pay DT: 05/24/17 Pay Due DT: 06/17/17 P O DT:
529-16-0102-00053	N					
Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref Prij/Grant Amount
1.1	762300	0001	MFPG	1011Q	03150	2017 GR \$15,869.93
Open Item Key:						Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

DOS: 032017

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

 MAY 19 2017

05/19/2017

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Gonzalez,Maria Gina (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name	Contact Phone(Area+Number)		

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Archive reference number		2. Agency number	3. Agency name	Health & Human Services Commission						4. Current document number	
		529							529	01220546	
9. Texas Identification number		10. PDT		11. POC		12. Purchase Order number		13. Document amount			
17427579192000		RECEIVED				0000100178		\$15,869.93			
14. Payee name / address		MAY 18 2017 ✓ The Heidi Group PO Box 2050 Round Rock, TX 78680-2050						15. CSC order number		17. AGENCY USE	
18. SFX		Ref Doc	IC	RC	PG	PA	FY	COBJ	AOBJ	Amount	
001		APPN	Fund	Printed date		Invoice date		Invoice number / Account Number		Invoice Received Date	
		DeptID/Speedchart		MFPG				Requested Payment Date		Interest Control	Reason Code
		Capital	Page	AGENCY USE							
18. SFX		Ref Doc	IC	RC	PG	PA	FY	COBJ	AOBJ	Amount	
001		APPN	Fund	Printed date		Invoice date		Invoice number / Account Number		Invoice Received Date	
		DeptID/Speedchart						Requested Payment Date		Interest Control	Reason Code
		Capital	Page	AGENCY USE							
18. SFX		Ref Doc	IC	RC	PG	PA	FY	COBJ	AOBJ	Amount	
UU1		APPN	Fund	Printed date		Invoice date		Invoice number / Account Number		Invoice Received Date	
		DeptID/Speedchart						Requested Payment Date		Interest Control	Reason Code
19. SERVICE / DEL DATE		20. DESCRIPTION OF GOODS OR SERVICES						21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
03/31/17		Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group. Program: Family Planning Program Contract Term: 1/5/2017 thru 8/31/2017 HHSC Doc # 529-16-0102-00053 Type of Entity: non profit corporation								\$	15,869.93
24. VENDOR CERTIFICATION								Phone (Area code and number)	25. Entered by		
Vendor Contact Name Carol Everett								Phone (Area code and number) 512-255-2088			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.											
Agency contact/preparer SIGN HERE				Printed Name				Phone (Area code and number)	Date		
Agency Approver SIGN HERE				Printed Name Kim Relph				Phone (Area code and number) 512-776-6443	Date 5/18/2017		

E 5/19/17

Texas Health and Human Services Commission
Form B13X

Agency Name: The Heidi Group

Supporting Schedule for DSHS Family Planning Reimbursement Vouchers

	Column A	Column B	Column C				
1	"B" Date-month and year. "C" Total Allowable Cumulative Family Planning Expenses Incurred For All HHSC Family Planning Eligible Client Services (Do not include the value of in-kind contributions; report this amount on line 16.)	Mar-17	93,563.62				
2	Program Income (Cumulative):						
3	HHSC Family Planning fee-for-service Reimbursements from TMHP	422.65					
4	Program Income From Patient Co-Payments and Client Donations	0.00					
5*	Sub Total - Program Income $\Rightarrow \Rightarrow \Rightarrow \Rightarrow$		422.65				
6*	Gross Cumulative HHSC Family Planning Reimbursable Expenses		93,140.97				
7	HHSC Share of the Family Planning Categorical Contract	2,550,000.00					
8*	Non HHSC Funding Expended – If Column C Line 6 is greater than Column B Line 7, then C6 - B7 = C8. Otherwise, Column C Line 8 will be zero.		0.00				
9*	Net Cumulative HHSC Family Planning Reimbursable Expenses	0.00	93,140.97				
10	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		77,271.04				
11*	Gross Reimbursement Requested this Voucher		15,869.93				
12	Less: Amount to Apply to Advance Reduction (if any)		0				
13	Less: Refunds or Other Adjustments (if any)		0				
14*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		15,869.93				
15*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00				
16	Total Cumulative Value of In-Kind Contributions						
	ADVANCE REPAYMENT RECORD						
17	REPAYMENTS MADE THRU VOUCHER REDUCTION	Amount of advance received (if any)					
18	MONTH	AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT	
	April		Aug		Dec		
	May		Sept		Jan		
	June		Oct		Feb		
	July		Nov		March		
19*	TOTALS	0.00	0.00	0.00	0.00	0.00	0.00
20*						Balance of Advance Owed to HHSC	0.00

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (Original signature not necessary)	5/17/2017
Carol Everett, CEO for The Heidi Group	Telephone (512) 255-2088

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-7-0000100178
Net 30	N/A, Service, Pick-up, N/A, DO NO		Date	Revision
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		03/20/2017	Page 1
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Ship To:	Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

BILL To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	Purchaser: Jackson,Stefanie D (PCS)	512-406-2468
				PO Price	Extended Amt Due Date

Terms and Conditions are attached.

HCATS Contract # 529-16-0102-00053
HHSAS Contract # 529-16-0102-00053

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, Chapter 391. TAC 391.205 (b)(5) Enrollment Contract

Confirmation order DO NOT DUPLICATE

Vendor Information: The Heidi Group dba Wellness Coalition

Agency Contact: Camille Laosebikan
Phone: (512) 776-3561
Email: Camille.Laosebikan@hhsc.state.tx.us

HHS-PCS Purchasing Contact: Stefanie Jackson
Phone: (512) 406-2468 Fax: (512) 406-2688
Email: stefanie.jackson@hhsc.state.tx.us

This contract is subject to cancellation, without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature. GSC Procurement Manual, pg 1, section 2.57.

HHSC or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/17 are automatically cancelled.

Client Purchase/Stock BEST VALUE
PCC EX/0 Requisition # 2000165385
Non-Competitive: Enrollment
01/05/2017-08/31/2017 with two additional two-year terms

1- 1	FY17 - Contract 529-16-0102-00053 with The Heidi Group to provide women's health and education services to the people of Texas for the Family Planning program in HDIS. Term 01/05/2017 thru 08/31/2017. Contract amount \$5,1000,000.00	1.00	LOT 2,550,000.00000	2,550,000.00	03/20/2017
	952-58				

Schedule Total 2,550,000.00

Contract ID: 529-16-0102-00053 Contract Line: 0 Release: 0

Item Total for Line 1 2,550,000.00

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick-up, N/A, DO NO	Ship Via	Purchase Order 52900-7-0000100178			
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 03/20/2017			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2			
Vendor: 1742757919 THE HEIDI GROUP PO BOX 2050 ROUND ROCK TX 786802050			Ship To: Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States			
Bill To: Health & Human Services Commission Mail Code: 3500 4900 N. Lamar Blvd, 5th Floor Austin TX 78751 United States			Purchaser: Jackson, Stefanie D (PCS) 512-406-2468			
Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
						Total PO Amount 2,550,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

RECEIVED
3/20/2017

Negron,Elizabeth (HHSC)

From: Relph,Kim H (HHSC)
Sent: Thursday, May 18, 2017 3:27 PM
To: HHSC AP
Subject: Voucher Approval - FamPlan - The Heidi Group 032017 REVISED
Attachments: B13X HHSC March 2017 CC.xlsx; March 2017 FPP HHSC Purchase Voucher FY17 - FP CC.xls

This voucher is coded and approved for encumbered payment. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Health, Developmental & Independence Services
Family & Social Svcs/Women's Hlth & Education Svcs
Mail Code 1326 - Morton Building, M-383
phone: 512-776-6443

From: HTW Billing [mailto:htwbilling@heidigroup.org]
Sent: Thursday, May 18, 2017 10:51 AM
To: Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Cc: Wanda Hardy <Wanda@heidigroup.org>; FPP Billing <fppbilling@heidigroup.org>; Carol Everett <ce@heidigroup.org>
Subject: Voucher Approval FPP March - The Heidi Group

Good Morning Kim,

Please disregard the B13X for March 2017 sent yesterday. The attached March B13X form has been corrected and will replace what was sent yesterday. The HTW Fee-For-Service Reimbursements from TMHP were reported in error at the amount of \$1,966.10; however, those funds were not received until May 15th. The Heidi Group will report these funds on the May B13X.

Thank you for your help and understanding,

(512) 255-2088 |
www.heidigroup.org

cc'd Carol Everett

Negron,Elizabeth (HHSC)

From: Relph,Kim H (HHSC)
Sent: Thursday, May 18, 2017 3:30 PM
To: Negron,Elizabeth (HHSC)
Subject: FW: Voucher Approval - FamPlan - The Heidi Group 032017

I just sent a revised March voucher. Please don't pay the one that was attached to this email. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Health, Developmental & Independence Services
Family & Social Svcs/Women's Hlth & Education Svcs
Mail Code 1326 - Morton Building, M-383
phone: 512-776-6443

From: Negron,Elizabeth (HHSC)
Sent: Thursday, May 18, 2017 3:25 PM
To: Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: Message Recall Failure: Voucher Approval - FamPlan - The Heidi Group 032017

Your message

To: HHSC AP
Subject: Voucher Approval - FamPlan - The Heidi Group 032017
Sent: 5/18/2017 3:24 PM

cannot be recalled on 5/18/2017 3:25 PM.